

Deposit received

City of Cambridge Department of Human Service Programs Cambridge Youth Programs Pre-teen/Middle School Summer Programs

Discovery Program

Girls Empowerment Program

@ Russell Youth Center

@ Frisoli Youth Center

Registration	@ Gately Rising 4 th -8 th 8 weeks, June 8:30 am - 6:0 \$80.00 per w here to reque Requirement	e 24 – August 16 0 pm eek (13 Year olds st a financial aid a ts: 1. Application 2. Copy of chil 3. One week d 4. \$20.00 CAS	activities are FREE pplication packet (d's most leposit (\$ H Non-re	•	and Moore Y -5 th graders a od program a ld's spot osit	and 6 th -8 th graders)
Sports Leadership Academy at Area IV (rising 4 th -6 th graders)				Sports Leadership Academy at Moore (rising 7 th -8 th graders)		
Discovery Program Girls E		Girls Empowerment	Program	Middle School Summe	er Program (rising	g 6 ^{th-} 8 th graders)
Child's Inform	nation*:					
Last Name		First Name		Date of Birth	Age	Grade (in September)
Home Add	Iress		City, Sta	ate, Zip Code	Home Te	elephone Number
☐ June 24☐ July 1 to☐ July 8 to☐ July 15 t	to June 28 5 5 0 12 to 19	For office use only: Paid Paid Paid Paid Paid Paid Paid rently attends one	of the ye	☐ July 22 to July 2☐ July 29 to Augus☐ August 5 to Aug☐ August 12 to 16☐ Duth centers, please te	6	r office use only: Paid Paid Paid Paid Paid Paid
packet and we		<u>. </u>		ly attends one of the Y ddle School Partnership		s for afterschool: ussell
Parent/Guard	*For curre		reverse p	Dat complete the reverse s page and continue comp cation.	ide of this pag	

For Office Use Only:

Physical received

Summer Food application received

Application received

(FOR CURRENT CAMBRIDGE YOUTH PROGRAMS PARTICIPANTS ONLY)

Parent/Guardian Information

Guardian #1 name:	Home address:
Home phone:	Cell phone:
Work phone:	Email address:
Guardian #2 name:	Home address:
Home phone:	Cell phone:
Work phone:	Email address:
Emergency Contact	s (in order to be contacted if guardians are unable to be reached):
1. Name:	Address:
Relationship to child:	Phone:
Do you give permission for yo	our child to be released to this person? yes no
2. Name:	Address:
Relationship to child:	Phone:
Do you give permission for yo	our child to be released to this person? yes no
3. Name:	Address:
Relationship to child:	Phone:
Do you give permission for yo	our child to be released to this person? yes no
The following individuals may pi up my child, I will notify staff in	Transportation Information ck up my child from the program. If someone other than these people picks writing in advance.
1. Name:	Relationship:
Address:	Phone Number:
2. Name:	Relationship:
Address:	Phone Number:
3. Name:	Relationship:
Address:	Phone Number:
I hereby authorize my child's school/pi Behavioral Intervention Plan and/or Se	IEP Release Form this section if your child has had any changes to his/her IEP) rogram to release my child's records including his/her Individualized Education Program (IEP), ection 504 Plan. DHSP will not disclose the content of any such records to any other party DHSP may be required by law to do so. All records will be used for the purpose of evaluating of school time (OST) programs.
Parent/Guard	ian Signature Date